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## **FEC** FORM 3X

Only

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2007 30 2007 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 12 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Podiatric Medical Association Podiatry Political Action Committee <sup>®</sup> D <sup>U</sup>D 0 1 2007 1,1 3 0 2007 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 250015.81 January 1 (b) Cash on Hand at 309060.50 Begining of Reporting Period ..... 21727.21 461358.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 330787.71 711373.87 6(a) and 6(c) for Column B) ..... 15479.35 396065.51 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 315308.36 315308.36 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

American Podiatric Medical Association Podiatry Political Action Committee

0 1 3<sup>D</sup>0 м N 1 1 м м 1 1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9550.00 254193.12 (i) Itemized (use Schedule A) ...... 10705.00 192829.50 (ii) Unitemized ..... (iii) TOTAL (add 20255.00 447022.62 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 20255.00 447022.62 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 1472.21 14335.44 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21727.21 461358.06 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 21727.21 461358.06

FEC Form 3X (Rev. 02/2003)

**DETAILED SUMMARY PAGE** of Disbursements Page 4 COLUMN A COLUMN B

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal     Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	979.35	13542.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	979.35	13542.80
. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	14500.00	373250.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	1311.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	1311.00
Other Disbursements	0.00	7961.71
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,	15.150.05	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15479.35	396065.51
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	15479.35	396065.51

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20255.00	447022.62
34.	Total Contribution Refunds (from Line 28(d))	0.00	1311.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20255.00	445711.62
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	979.35	13542.80
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	979.35	13542.80

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 23		
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	_
_				13 14 15 16 1	_
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		_
$  \rangle$	American Podiatric Medical Association	n Podiatry F	Political Action Committee		
	7 interiodi i ediame medical 7 leccolation	i i odiati j i	ontida riotidii dominitod		
_	Full Name (Last, First, Middle Initial)				
A.	Dr. David P. Rosenzweig			Date of Receipt	
	Mailing Address 5 Blanchard Rd.			11 02 2007	
	City	State	Zip Code	Transaction ID: 14716360	
	Greenwich	CT	06831-3676	Amount of Each Receipt this Period	
			000010070		1
	FEC ID number of contributing federal political committee.	C		300.00	l
	Name of Employer Self Employed	Occupation			
			Physician	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	300.00		
		0 0			
_	Full Name (Last, First, Middle Initial)				_
В.	Dr. Kevin Lee Killian			Date of Receipt	
	Mailing Address 627 Bellows Ln.			1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Ctata	7in Codo		
	Charlotta	State NC	Zip Code	Transaction ID: 14718521	
	Charlotte	INC	28270-1059	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		300.00	l
					ı
	Name of Employer	Occupation			
			Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		300.00		
	Curior (openity) 🔻	0 0	1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				_
C.	Dr. Peter A. Blume			Date of Receipt	
	Mailing Address 22 Timber Ln.			1 1 0 5 Y Y Y Y Y Y Y	
	City	State	Zip Code		
	Woodbridge	CT	06525-1835	Transaction ID: 14718525  Amount of Each Receipt this Period	
	•	01	00323-1033	Amount of Each Neceipt this Period	1
	FEC ID number of contributing federal political committee.	C		100.00	l
	Name of Employer	Occupation			
	5		Physician	4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	300.00		
	Carlor (openity) 🔻	0 0	1 1 1 1 1 1 1 1		
					1
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	700.00	
	1				1
T	OTAL This Period (last page this line number o	only)	<b>)</b>		I

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 23
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association	Podiatry F	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jonathan J. Key			Date of Receipt
	Mailing Address 1892 Shephard Ave.			1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14718526
	<u>Hamden</u>	CT	06518-1856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation		7
	Receipt For:		Physician Year-to-Date ▼	$\dashv$
	Primary General	riggrogato		1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert N. Piccora			Date of Receipt
	Mailing Address 120 Lawn Ter. #1F			1 1 0 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 14718534
	Mamaroneck	NY	10543-4043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼	- iggi ogalo	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert A. Eterno			Date of Receipt
	Mailing Address 4154 Madison Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14718536
	Trumbull	CT	06611-3563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	ո Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			650.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 23
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
•			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association	Podiatry F	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. John H. Buchan, III			Date of Receipt
	Mailing Address 3609 Scioto Run Blvd.			111 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14730292
	Hilliard	ОН	43026-3019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
3.	Full Name (Last, First, Middle Initial) Dr. Clifford D. Mah			Date of Receipt
	Mailing Address 1133 N.W. 11th #211			11 08 YYYYY 11 1 08 2007
	City	State	Zip Code	Transaction ID: 14730657
	Portland	OR	97209-3012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation		
	Descint For:		Physician  Vacata Data	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Brian Orahood			Date of Receipt
	Mailing Address 250 N.W. River Park Pl.			1 1 0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14730659
	Canby	OR	97013-8146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation		7
			Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
SI	JBTOTAL of Receipts This Page (optional)			800.00
т,	This Period (last page this line number on	lv)	•	

~	OUEDIUE A (EEO Farms OV)	]		FOR LINE NUMBER: PAGE 9 / 23
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		
••			Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Eric Silverstein			Date of Receipt
	Mailing Address 35 Westwood Rd.			11 09 7 2007
	City	State	Zip Code	Transaction ID: 14730771
	West Hartford	CT	06117-2253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	300.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. James David Nack			Date of Receipt
	Mailing Address Mankato Clinic, Ltd. 1421 Premier Dr.			1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14730776
	Mankato	MN	56001-6076	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Thomas C. Atwood			Date of Receipt
	Mailing Address Western Foot & Ankle C 2122 9th St. #3	are		11 09 7 2007
	City	State	Zip Code	Transaction ID: 14730777
	Greeley	CO	80631-3089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	35 5 11		1
	Other (specify)		300.00	
				4
_	UDTOTAL of December 711 Day (1971)			850.00
L	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:   PAGE 10 / 23   (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Ar or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Association Pod	diatry F	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Raymond A. Rivell, Jr.			Date of Receipt
	Mailing Address 7 Glenwood PI.			11 09 2007
	•	State NJ	Zip Code 08070-0247	Transaction ID: 14730780  Amount of Each Receipt this Period
	FFC ID number of contribution		00070 0247	250.00
	Self-Employed 1	ccupation odiatric	n Physician	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	ggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jason Ray Surratt			Date of Receipt
	Mailing Address Westside Podiatry Clinic 9900 S.W. Hall Blvd. #100	_		11 1 16 2007
	•	State OR	Zip Code 97223	Transaction ID: 14740789
	FFC ID acceptant of a satisfaction	C ,	97225	Amount of Each Receipt this Period  500.00
	Solf Employed 1	ccupation odiatric	n Physician	
	Receipt For:  Primary  General  Other (specify) ▼	ggregate	950.00	
<b>c</b> .	Full Name (Last, First, Middle Initial) Dr. Robert E. Marra			Date of Receipt
	Mailing Address 90 Crystal Springs Drive			11 16 2007
		State CT	Zip Code 06084-2029	Transaction ID: 14740791  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Solf Employed 1	ccupation odiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 800.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 23
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association P	odiatry F	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. John Stevenson			Date of Receipt
	Mailing Address 7970 N. Main St.			11 1 16 2007
	City	State	Zip Code	Transaction ID: 14741025
	Dayton	OH	45415-2328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	' '	Occupation Podiatric	n Physician	
			Year-to-Date ▼	
	Primary General	7.199.094.0	Tour to Date V	1
	Other (specify) ▼		300.00	
		0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Dr. Kash K. Siepert			Date of Receipt
	Mailing Address 2300 Stewart Pkwy.			M M / D D / Y Y Y Y
	2000 Stowart i Kwy.			11 16 2007
	City	State	Zip Code	Transaction ID: 14741735
	Roseburg	OR	97470-1597	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer	Occupation	1	
		Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1		1
	Other (specify) ▼		225.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John E. Castle			Date of Receipt
٥.				<b>╡</b>
	Mailing Address 2893 Elk Ln.			11 20 2007
	City	State	Zip Code	Transaction ID: 14745594
	Grants Pass	OR	97527-7126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
		Occupation Podiatric	n Physician	
			Year-to-Date <b>V</b>	+
	Primary General	, iggi ogale	Tour to Duto ¥	
	Other (specify)		300.00	
	Curior (opcority) \	0 0		1
1				725.00
S	UBTOTAL of Receipts This Page (optional)			725.00
$\vdash$				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12 / 23 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Podiatry F	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Daniel F. Byrd			Date of Receipt
	Mailing Address 615 N.W. 4th St.	01-1-	75.0.4	11 20 2007
	City	State	Zip Code	Transaction ID: 14745596
	Pendleton	OR	97801-1414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Fuson			Date of Receipt
	Mailing Address 7800 Pacific Ave. #1			1 1 2 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14745620
	Tacoma	WA	98408-7027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
C.	Full Name (Last, First, Middle Initial) Dr. Albert R. Brown			Date of Receipt
	Mailing Address 5714 Guava Dr.			111 20 7 2007
	City	State	Zip Code	Transaction ID: 14745621
	Tamarac	<u>FL</u>	33319-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General		300.00	1
_	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			600.00

SCHI	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/23
	IZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
	·		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any info	ormation copied from such Reports and State ommercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\ NAN	ME OF COMMITTEE (In Full)			
Am	erican Podiatric Medical Association	Podiatry P	Political Action Committee	
	Name (Last, First, Middle Initial) Gina Lynn Ruesch			Date of Receipt
	ing Address 1203 Bay Cove			11 20 7 2007
City		State	Zip Code	Transaction ID: 14745622
	ite Bear Lake	MN	55110-6757	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
Nam Self	ne of Employer Employed	Occupation Podiatric	ո Physician	
Rec	eipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	250.00	
	Name (Last, First, Middle Initial) Kent R. DiNucci			Date of Receipt
Mail ——	ing Address 7737 N. 151st Cir.			11 20 7 2007
City		State	Zip Code	Transaction ID: 14745623
	nnington	NE	68007-1569	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		250.00
Nam	ne of Employer	Occupation		
Rec	eipt For:		Physician Year-to-Date ▼	_
	Primary General	riggiogato		1
	Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial) Stephen H. Silvani			Date of Receipt
Mail ——	ing Address 3559 Old Mountain View	Dr.		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 14757454
	ayette	CA	94549-4918	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		300.00
Nam Self	ne of Employer Employed	Occupation		
			Physician	_
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		300.00	
SUBT	OTAL of Receipts This Page (optional)			800.00
TOTAL	I This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 23
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIVIIZED REGEN 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)	5 "· 5	N 1111   1 A 11   0   111	
	American Podiatric Medical Association	Podiatry F	Political Action Committee	
_	Full Name (Last, First, Middle Initial)			Data of Daggint
Α.	Dr. John E. Connolly  Mailing Address P.O. Box 255			Date of Receipt
				11 21 2007
	City	State	Zip Code	Transaction ID: 14757459
	Etna	NH	03750-0255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		e Year-to-Date ▼	1
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Geoffrey C. Bricker			Date of Receipt
	Mailing Address 2122 E. Lon St.			1 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757467
	Springfield	MO	65803-4809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		7
			Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Martin V. Sloan			Date of Receipt
•	Mailing Address 2409 Whispering Oaks C	 t.		M M / D D / Y Y Y Y
				11 23 2007
	City	State	Zip Code	Transaction ID: 14757468
	Abilene	TX	79606-4366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼	1 1		
s	UBTOTAL of Receipts This Page (optional)			800.00
$\vdash$	,			
т	OTAL This Period (last page this line number onl	y)		

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16	17
Any inform or for com	nation copied from such Reports and Sta mercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
\	OF COMMITTEE (In Full) ican Podiatric Medical Association	Podiatry F	Political Action Committee		
A. Dr. Dar Mailing City Peoria FEC ID federal Name of	O number of contributing political committee.  of Employer  It For:  Orimary General  Other (specify)   ume (Last, First, Middle Initial)		Zip Code 85381-5014 Physician Pyear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Receip	hael Forte-Malave Address Carr. #115 Km. 15.8  n O number of contributing political committee.  of Employer		Zip Code 00677 n Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City  Walto FEC ID federal  Name of Self Er  Receip	o number of contributing political committee.  of Employer mployed		Zip Code 41094-9380  Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOT	AL of Receipts This Page (optional)		······	800.00	
TOTAL 7	This Period (last page this line number or	nlv)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Robert G. Levine			Date of Receipt
	Mailing Address 8907 Ayrshire Ave.			1 1 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757738
	Louisville	KY	40222-5602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Daggint
Э.	Dr. David W. O'Brian  Mailing Address 10 N. Roselle Rd. #300			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14757740
	Roselle	IL	60172-1579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		1
	Receipt For:		Physician Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Gary D. Prant			Date of Receipt
	Mailing Address 6602 Ladera Norte			11 28 2007
	City	State	Zip Code	Transaction ID: 14757741
	<u>Austin</u>	TX	78731-2692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
	,		<u>-</u>	

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 23								
ITEMIZED RECEIPTS			or each category of the	(check only one)								
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17								
Any or fo	information copied from such Reports and State or commercial purposes, other than using the na	n for the purpose of soliciting contributions										
	IAME OF COMMITTEE (In Full)											
`	American Podiatric Medical Association	Podiatry F	Political Action Committee									
	ull Name (Last, First, Middle Initial) Dr. Neil A. Burrell			Date of Receipt								
_	Mailing Address 935 Edson Dr.			111 28 7 2007								
	City Beaumont	State TX	Zip Code	Transaction ID: 14757744								
-	EC ID number of contributing		77706-4508	Amount of Each Receipt this Period								
	ederal political committee.	C		500.00								
N	lame of Employer	Occupation Podiatric	n Physician									
F	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼	0 0	500.00									
	Full Name (Last, First, Middle Initial) Dr. Patricia L. Ferraro			Date of Receipt								
N	Mailing Address Advanced Family Foot C 2074 Lake Tahoe Blvd. #			11 28 7 2007								
	City	State	Zip Code	Transaction ID: 14757749								
	South Lake Tahoe	CA	96150-6417	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	C		500.00								
N	lame of Employer	Occupation										
F	Receipt For:		Physician Year-to-Date ▼	-								
•	Primary General	riggrogato										
	Other (specify)		500.00									
_	full Name (Last, First, Middle Initial) Mr. Herman Hammerschmidt			Date of Receipt								
N	Mailing Address 6 Brandon Road			M M / D D / Y Y Y Y Y 1 1 1 1 2 0 0 7								
	City	State	Zip Code	Transaction ID: 14824348								
	_awrenceville	NJ	08648-1502	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	C		-125.00								
<u> </u>	Jame of Employer New Jersey Podiatric Medi- cal Society	Occupation	1									
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		125.00	Reverse \$125 NSF Check - Contribution Reported								
SU	BTOTAL of Receipts This Page (optional)			875.00								
	,		•	9550.00								
TO	TAL This Period (last page this line number onl	ly)	<b>&gt;</b>	9550.00								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 23 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Podiatry F	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial)  APMA Government Education Fund  Mailing Address 9312 Old Georgetown Ro	oad		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	1 1 2 0 2 0 0 7  Transaction ID: 14745206
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		979.35
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 11540.63	Transfer Funds for Federal Operating Expenses
	Full Name (Last, First, Middle Initial)	0 0		
3.	Citigroup/ Citigroup Global Markets Inc.  Mailing Address 100 Light St., 19th Floor			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14745209
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		234.17
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2532.48	Interenst & Dividends on Investments
).	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			11 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14820561
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		258.69
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme	nt Firm	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2791.17	Interest & Dividends on Investments
S	UBTOTAL of Receipts This Page (optional)			1472.21
т	OTAL This Period (last page this line number on	v)		1472.21

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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 19/23
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
•	EMIZED DIODOTICEMENTO	Detailed Summary Page	X 21b	22 23 24 25 26
			27	28a 28b 28c 29 30b
	y Information copied from such Reports and Statem	,	, ,	
or 1	for commercial purposes, other than using the name	e and address of any political co	mmittee to so	plicit contributions from such committee
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association Po	odiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 14745205
٩.	Wachovia Bank, N.A.			Date of Disbursement
				1 1 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address NC8502			11 20 2007
	PO Box 563966			
	,	State Zip Code		Amount of Each Disbursement this Period
	Charlotte	NC 28262-3966		070.05
	Purpose of Disbursement	l r		979.35
	Bank Fees		001	
	Candidate Name		Category/	
			Туре	
	• 🗎 –	ement For:		Bank Fees
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

		070.25
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	979.35
TOTAL This Period (last page this line number only)	•	979.35

# SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use seperate sc	:hedule(s)	FOR LINE I	PAGE 20 / 23	
IT	EMIZED DISBURSEMENTS	for each categor Detailed Summa	y of the	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Po		71			ion coon committee
۹.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Camp Mailing Address P.O. Box 83142	aign			Transaction ID Date of Disburs	
	City Gaithersburg	State Zip C MD 2088			Amount of Each	h Disbursement this Period
	Purpose of Disbursement  Candidate Name		[	011 Category/		2500.00
	Senate		2008 General	Туре		
		rimary Electio	,			
3.	Full Name (Last, First, Middle Initial) Darlene Hooley For Congress				Transaction ID  Date of Disburs	sement
	Mailing Address P.O. Box 2050					11 2007
	City Salem	State Zip C OR 9730			Amount of Each	h Disbursement this Period
	Purpose of Disbursement			011		2000.00
	Candidate Name Darlene Hooley			Category/ Type		
	Senate President X		2008 General			
Э.	Full Name (Last, First, Middle Initial) Friends of Lois Capps	mary Elootio			Transaction ID Date of Disburs	sement
	Mailing Address PO Box 23940				11 1 D	11 2007
	City Santa Barbara	State Zip C			Amount of Eac	h Disbursement this Period
	Purpose of Disbursement			011		1000.00
	Candidate Name Lois Capps			Category/ Type		
	Senate President X		2008 General			
s	UBTOTAL of Disbursements This Page (optional)	-				5500.00
	OTAL This Period (last page this line number only)					
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# SCHEDULE B (FEC Form 3X)

	CHEDULE B (FEC Form 3X)	Use seperate sch				PAGE 21 / 23							
!!	EMIZED DISBURSEMENTS	for each category Detailed Summa		2 2	1b 7	22 28a		23 28b	b 28c 29			26 30l	
	y Information copied from such Reports and State for commercial purposes, other than using the nar												S
$\vdash$	NAME OF COMMITTEE (In Full)		<u>, ,                                    </u>										
$ \rangle$	American Podiatric Medical Association F	Podiatry Political A	ction Cor	nn	nittee								
Α.	Full Name (Last, First, Middle Initial) Blumenauer For Congress								on ID:	14731	1669		
	Mailing Address 921 Sw Washington Su	ite 810						M /	D	D /	Y Ž	0 ŏ 7	7 <sup>Y</sup>
	City	State Zip Co	ode				Amou	int of	Each	Disbur	semen	t this F	Period
	Portland	OR 9720										000.0	-
	Purpose of Disbursement				011			0		-		1000.	00
	Candidate Name Rep. Earl Blumenauer				itegory Type	//							
	Senate		008 General										
		Primary Electio											
В.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress								on ID: sburse	14731 ment	1672		
	Mailing Address P.O. Box 45706						1 1	M /	<sup>D</sup> 1	1 /	y ž	0 ŏ 7	7 <sup>Y</sup>
	City Philadelphia	State Zip Co					Amou	int of	Each	Disbur	semen	t this F	Period
	Purpose of Disbursement				011						. 1	000.	00
	Candidate Name Rep. Allyson Schwartz			Ca	011 itegory Γype	//							
	Senate		008 General		<i>,</i> ,,								
	State: PA District: 13 2008	Primary Electio											
C.	Full Name (Last, First, Middle Initial) Barbara Lee For Congress						Date of	of Dis	burse				
	Mailing Address 1736 Franklin Street #5	00					1 1	M /	<sup>D</sup> 1	1 /	ž	0 ŏ 7	7 <sup>Y</sup>
	City Oakland	State Zip Co CA 9461					Amou	int of	Each	Disbur			
	Purpose of Disbursement								-		. 1	000.	00
	Candidate Name Rep. Barbara Lee				itegory Type	//							
	Senate		008 General										
_	State: CA District: 9 2008	Primary Electio											
s	UBTOTAL of Disbursements This Page (optional	)				<u> </u>					3	000.0	00
_	OTAL This Period (last page this line number onl	<i></i>				•			•		•		

SCHEDUL	EB (FECForm 3X)	Use seperate schedule(s		NUMBER: PAGE 22 / 23
ITEMIZED	DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only	y one) 22   X   23   24   25   26 28a   28b   28c   29   30b
				for the purpose of solicating contributions slicit contributions from such committee
NAME OF C	OMMITTEE (In Full)	on Podiatry Political Action (		
	ast, First, Middle Initial) Senate Committee '08			Transaction ID: 14741782  Date of Disbursement
Mailing Addre	PO Box 1496			11 1 D 1 6 Y 2 0 0 7 Y
City Louisville		State Zip Code KY 40201		Amount of Each Disbursement this Period
Purpose of D			011	2000.00
Candidate Na Sen. Mitch	McConnell		Category/ Type	
Office Sough State: KY	X Senate President	bursement For: 2008 Primary General X Other (specify)		
Full Name (L	District: 2 200 ast, First, Middle Initial) For Us Senate	08 Primary Electio		Transaction ID: 14741764 Date of Disbursement
Mailing Addre				111 M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Little Rock		State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of D	isbursement		011	2500.00
Candidate Na Sen. Mark			Category/ Type	
Office Sough	X Senate President	bursement For: 2008 Primary General X Other (specify) ▼	•	
State: AR Full Name (La	District: 2 200 ast, First, Middle Initial)	08 Primary Electio		Transaction ID: 14741765
	s For Congress			Date of Disbursement
Mailing Addre	958 3161 Dixie Highway Suite F			
City Erlanger		State Zip Code KY 41018		Amount of Each Disbursement this Period
Purpose of D			011	1500.00
Candidate Na Rep. Geoff	rey Davis		Category/ Type	
Office Sough	Senate President	bursement For: 2008  Primary General  X Other (specify) ▼		
State: KY	District: 4 200	08 Primary Electio		
SUBTOTAL of	Disbursements This Page (option	onal)	<b>&gt;</b>	6000.00
TOTAL This Da	ariad (last nage this line number	only)		

SCHEDULE B (FEC Form 3X)						,	FC	RIIN	F NI	E NUMBER: PAGE 23 / 23								
ITEMIZED DISBURSEMENTS			·	Use sepe for each	erate schedule(s category of the	S)		neck or										
		SDOTISEMEN			Summary Page			21b 27		22 28a	X	23 28b		24 28c		25 29		26 30b
		ed from such Reports rposes, other than usir															ns	
$\setminus$	NAME OF COM	MITTEE (In Full)																
$\angle$	American Pod	iatric Medical Asso	ciation Podi	atry Po	litical Action	Com	mitt	ee										
_	•	First, Middle Initial)								Trans	acti	on ID	: 1	47417	84			
Α.	Judy Biggert F	or Congress									of Di	isburs	-		/ · v	· · · · ·	Y	
	Mailing Address								1 1			1 6	5	2	οŏ	7		
	City		Sta	ate	Zip Code					Amou	nt o	f Each	ı C	Disburse	men	t this	Perio	od
	Hinsdale		IL		60522						-						00	
	Purpose of Disbu	ursement					01	1		L.		-			1	1000.	00	
	Candidate Name Rep. Judy Big					C	ateg Typ											
	Office Sought:	X House Senate President	хо	rimary ther (spe														
	State: IL	District: 13	2008 Prim	nary Ele	ectio													
В.	Full Name (Last, Citizens For G	First, Middle Initial) illmor							- 1	Date o	of D	on ID	en	48242 nent		· · · · · ·	V	
	Mailing Address	P.O. Box 150								1"1	М		3 (		2	οŏ	7 '	
	City Old Fort		Sta Ol		Zip Code 44861					Amou	nt o	f Each	ı C	Disburse	-			od
	Purpose of Disbursement Void - Citizens For Gillmor						011					-1000.00						
	Candidate Name Rep. Paul Gilli					C	ateg Typ											
	Office Sought:	X House Senate President		ent For: rimary other (spe	2008 General					/oid - or	Cit	tizens	s F	or Gill	m-			
	State: OH	District: 5	2008 Prim															

1		
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)	•	14500.00